CITY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS
BUREAU OF STREET SERVICES
INVESTIGATION AND ENFORCEMENT DIVISION
TELEPHONE: (213) 847-6000

№ 024453

NOTICE OF VIOLATION

Date of Violation	Time		Day of Week	MD	CD
3/13/18	11:30	[X] AM [ ] PM	S M T W T F S	106	1

Name (First, Middle, Last): OWNER / OCCUPANT

Address: [redacted]

City

Driver's Lic./ID No. | State | Class | Age | Birth Date / /

Sex | Hair | Eyes | Height | Weight | Race

Vehicle License No. or VIN | State

Yr. of Veh. | Make | Model | Body Style | Color

Contractor's License Number

Company Name

Company Address

City | State | Zip Code

Violation Description

1. LAMC 41.46 - KEEP SIDEWALK &
2. GUTTER CLEAN INFRONT of
3. RESIDENCE

[ ] See Reverse Side for Violation

Location of Violation(s): SAME AS ABOVE

Violation Noticed was: [X] Posted [ ] Hand Served [ ] Mailed

Comments: REMOVE DEBRIS FROM SIDEWALK & GUTTER

I declare under penalty of perjury under the laws of the State of California the foregoing is true and correct.

S. KREIE — Investigator
7305 — Serial Number
213 847-6080 — Investigator Telephone Number
7 am - 8 am :30 pm - 3:30 pm — Office Hours

Signing this notice is not an admission of guilt; only confirmation that the notice was received.

X Signature: POSTED

YOU ARE REQUIRED TO:

[X] COMPLY WITH THIS NOTICE AT ONCE

[ ] COMPLY WITH THIS NOTICE WITHIN _____ DAYS FROM THE DATE SHOWN ABOVE.

[ ] APPEAR FOR A HEARING ON _____ AT 1149 S. BROADWAY, SUITE 350, L.A. CA 90015 BETWEEN _____ AND _____

[ ] PAY FEES AND/OR FINES IN THE AMOUNT OF _____ PLEASE SEND PAYMENT TO THE ORDER OF THE "CITY OF LOS ANGELES" TO THE ADDRESS SHOWN BELOW
BUREAU OF STREET SERVICES. INVESTIGATION AND ENFORCEMENT DIVISION
1149 S. BROADWAY, SUITE 350
LOS ANGELES, CA 90015

FAILURE TO COMPLY WITH THIS NOTICE MAY RESULT IN FURTHER LEGAL, AND/OR CITY ACTION AT THE PROPERTY OWNERS EXPENSE.

CITY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS
BUREAU OF STREET SERVICES
INVESTIGATION AND ENFORCEMENT DIVISION
TELEPHONE: (213) 847-6000

№ 023247

NOTICE OF VIOLATION

Date of Violation	Time		Day of Week	MD	CD
5/24/18	950	[X] AM [ ] PM	S M T W T F S	106	1

Name (First, Middle, Last): OWNER / LEASEE

Address

City | State | Zip Code

Driver's Lic./ID No. | State | Class | Age | Birth Date / /

Sex | Hair | Eyes | Height | Weight | Race

Vehicle License No. or VIN | State

Yr. of Veh. | Make | Model | Body Style | Color

Contractor's License Number

Company Name

Company Address

City | State | Zip Code

Violation Description

1.) 62.45 LAMC - EQUIPMENT ON STREET w/o PERMIT
2) 58.06 LAMC - OBSTRUCTING STREET

[ ] See Reverse Side for Violation

Location of Violation(s): 5300 Blk Aldama

Violation Noticed was: [X] Posted [ ] Hand Served [ ] Mailed

Comments: 5300 Blk Aldama Remove bin or obtain permit

I declare under penalty of perjury under the laws of the State of California the foregoing is true and correct.

DUNCANSON, J — Investigator
21118 — Serial Number
213 847 6069 — Investigator Telephone Number
7 am - 8 am :30 pm - 3:30 pm — Office Hours

Signing this notice is not an admission of guilt; only confirmation that the notice was received.

X Signature: Posted

YOU ARE REQUIRED TO:

[X] COMPLY WITH THIS NOTICE AT ONCE

[ ] COMPLY WITH THIS NOTICE WITHIN _____ DAYS FROM THE DATE SHOWN ABOVE.

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